876 Chinese expression which upholds the high social status of the educated. This has become a target of Communist attack, and the fight to change the minds of the people is still surging.[24]

C. Physical Education Movement

871 744 Although a specific commission has been established to promote physical education (see Chart 3), the State Council and the two ministries of education have been seriously concerned with the health of the students. This concern originates from Mao Tse-tung's instructions to promote "good health, good study, and good work." As early as April 195, Tung Ch'un-ts'ai, Vice-Minister of Education, called the attention of the nation's educators to the importance of guarding the health of the students. Tung's delcaration was affirmed by other officials in responsible positions during subsequent years, but apparently the situation was not much improved. The students remained in financial straits while the pressure of intensified courses was increased. The Ministry of Higher Education, the Ministry of Health, and the Commission on Physical Education issued in July 1954 a joint directive reiterating an earlier announcement by the Government Administration Council on "Decisions on Improving the Health of Students in Schools at All Levels."[25] However,

24. See Communist official directives on "labor-education" ibid., June 1954, p. 7; May 1954, p. 7.

25. People's Education, August 1954. p. 65.

871 it is obvious that stress on physical exercise
744 alone cannot take the place of an adequate diet.

871 Other movements launched simultaneously with the above-mentioned drives have been revived from time to time. They are indicative of the ills plaguing the educational system under the Communists in China. Language reform,[26] important to primary education and in efforts to combat illiteracy, is associated with "thought reform." The program to establish winter schools, summer schools and other special training classes for peasants, workers and soldiers is actually a part of school reorganization. Some of the most important characteristics of these movements will be discussed.

IV. SCHOOLS ON DIFFERENT LEVELS

The Communist policy for education and the movements in education are nation-wide, and subject to only minor regional variations. However a survey of the schools in East China may reveal the extent to which the Communist policy has been carried out and the response of the people in this region.

872 A. Kindergartens and Primary Schools

The development of kindergartens in the East China Region has followed the basic policies

26. See the chapter on Language in this handbook.

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Annex "A," Subparagraph 1p,
Sociological Bac' ground

HEALTH AND SANITATION

I. BACKGROUND

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Organized public health work as part of the task of the government in China may be traced back to 1902, when the Peiyang Sanitary Department was established. Because of plagues in 1911 and 1917, organizations for the prevention of epidemics also came into being. After 1927, under the Nationalist Government, there was a Ministry of Health, later reorganized into the National Health Administration. Among the six departments of the National Health Administration, one was the Department of Health Organization and Services, which promoted local health work, local sanitary projects, and local training of health personnel, and another was the Department of Epidemic Prevention, which was charged with the prevention and control of epidemic and endemic diseases, anti-epidemic services, and the manufacture of biological products.[1]

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1. China Handbook, 1937-1945, compiled by China Ministry of Information, Macmillan, 1949, p. 490.

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744 Normal development of health measures was greatly disrupted by the long and destructive war of resistance against Japan (1937-45) and the internal conflicts which followed. This was especially true in East China, where large areas were either under Japanese occupation or controlled for long periods by the successive puppet regimes. Because of the long war against Japan much of the Nationalist Government' effort in unoccupied areas was devoted to the Army Medical Service, which was affiliated with the Ministry of Military Affairs from the beginning of 1938.[2]

In May 1946, after World War II, the Nationalist Government officially returned to Nanking. Amid the manifold attempts at rehabilitation and reconstruction, the restoration and reorganization of health work was begun. Some statistics for East China are available for the years 1946-47, but it is clear that little could have been accomplished within so short a time. In 1947 there were in the five eastern provinces of Shantung, Kiangsu, Anhwei, Chekiang, and Fukien, including the municipalities of Shanghai, Nanking, and Tsingtao, 143 government health organizations at the provincial level, with a total of 6,832 medical and health personnel,

2. The China Year Book, 1938-39 Issue, Shanghai, Commercial Press, 1939, p. 652.

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657 and 388 more government health organizations at
744 the county level.[3] As to preventive medical care, in 1946 in East China 1,652 people received vaccination against smallpox, 3,116,677 received inoculation against typhoid, and 484,086 received inoculation with a vaccine to combat both cholera and typhoid.[4] These statistics are incomplete and cannot provide a satisfactory picture of health conditions in East China before 1949. However, they offer a background for an understanding of the efforts of the Nationalist Government in this field. (It should be noted for purposes of comparison that the total population in East China in 1948 was 133,139,777.)

II. COMMUNIST OFFICIAL REPORTS

The initial task in health work for the Communists in East China, as in the other regions, was to restore the originally existing public health agencies and to put them back into operation, and, then, to reorganize and mold them to Communist needs and principles.

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3. Chung-hua Min-kuo T'ung-chi Nien-chien [Statistical Yearbook of China], Nanking, Bureau of Statistics, 1948, pp. 341, 342, 344.

4. Ibid., p. 347.

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657 744 Adhering to the directives of the Central People's Government in Peking, the regional government of East China concentrated its energy on preventive work in its public health program.

On July 15, 1950, Shu T'ung, chairman of the Department of Cultural and Educational Affairs of the East China Military and Political Committee, made a progress report,[5] stating that current emphasis was on prevention and epidemic control in famine areas. In the spring of 1950, epidemic prevention corps were sent out to various flood areas. In northern Anhwei alone, according to the chairman, as many as 120,000 people were treated by the corps. In addition, epidemic prevention centers were established in Fukien, Chekiang, Southern Kiangsu, and Shantung. It was reported that large numbers of people were cured of bubonic plague in Fukien and of kala-azar in Shantung. In 1950 the Health Bureau of East China was said to have manufactured 15,000,000 units of vaccine against typhoid and cholera and 18,000,000 units of vaccine against smallpox. Also scheduled to be produced in 1950 were 110,000 cc. of diptheria anti-toxin, 75,000,000 cc. of anti-whooping-cough serums, and 200,000 units of B.C.G. vaccine against tuberculosis. The report announced that in Shanghai from January to June 1950, 4,281,811

5. Cheng-fu Kung-tso Pao-kao Hui-pien 1950 [Compendium of Government Reports 1950], Peking, Jen-min ch'u-pan she, 1951, pp. 563-64.

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657 vaccinations and inoculations for the prevention
744 of epidemics were administered. The same
● report stated that in the two municipalities of Shanghai and Nanking, an estimated 50 per cent of the population would be inoculated within the year.

About sixteen months later, on November 19, 1951, Shu T'ung submitted another report to the fourth session of the East China Military and Political Committee.[6] He reported first on the progress of preventive operations and then on the development of public health agencies in East China. In the whole region, he said, there were 80 preventive service units with more than 3,000 medical and health personnel attached to them. During 1951, 38,600,000 people in East China were said to have been vaccinated against smallpox and 13,670,000 people were reported to have been given inoculations against various other contagious diseases. According to the report, cholera, typhoid, dysentery, and bubonic plague were under control in the East China Region, and, even in the famine areas and the Hwai River construction projects, recurrent fever, typhoid, and smallpox had been checked. Shu also emphasized the danger of epidemics of schistosomiasis and kala-azar; he revealed no specific information about either infectious disease but stated that valuable experience had been gained.

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6. "Report on Culture and Education" by Shu T'ung, Current Background, No. 160, American Consulate General, Hong Kong, February 20, 1952, pp. 15-18.

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657 744 As to the development of public health agencies, Shu T'ung reported that 382 county health centers serving 95 per cent of the county areas of East China had been established, and 660 ch'ü clinics had been set up in 17 per cent of the ch'ü areas of the region. (For purposes of comparison, it should be stated that the population for East China in 1953 was 162,685,262. In industrial cities such as Wu-hsi, Shanghai, and Hsü-chou in Kiangsu Province, Tsinan, Tsingtao, and the Tzŭ-po mining district in Shantung Province, and Hangchow in Chekiang Province, sanatoriums, health stations, and health teams were provided for the workers. According to the report, labor insurance became compulsory in 1,042 industrial units, and 1,400,000 workers and their families were covered by these benefits.

III. WOMEN AND CHILDREN

744 One of the most significant early documents of the Chinese Communist regime was the Common Program. In the Common Program, the health of women and children is given special attention in Article 48, which states, "...attention shall be paid to the protection of the health of mothers, infants, and children."[7] The Constitution, adopted on September 20, 1954, provides for

7. The Important Documents of the First Plenary Session of the Chinese People's Political Consultative Conference, Peking, Foreign Languages Press, 1949, p. 18.

1:Stanford U. S-4, 5 1956 AF15 East China
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744 the physical and mental development of the young people and the rights of women in articles 94 and 96.[8] Thus in speeches and reports on health matters in Communist China, the promotion of the well-being of women and children [844] is almost always given special attention. The training of midwives, the re-education of midwives, the establishment of maternity stations and health centers for women and children, and the prevention of various children's diseases, have been particularly stressed in the East China Region as well as on a nationwide basis.

In November 1951, according to a Communist report, there were in the five provinces of East China 226 hospitals, health stations, and medical centers devoted to care for the health of women and children. There were also 1,152 creches for the care of children of working [844] mothers. In the field of obstetrics the report revealed that 7,614 midwives were trained and 6,249 additional midwives were retrained in modern scientific methods.[9]

Early in 1955, at the Women's Representative Conference in the municipality of Shanghai, information on the health program for the women and children in Shanghai was given in some

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8. Constitution of the People's Republic of China, Peking, Foreign Languages Press, 1954, pp. 98-99.

9. Shu T'ung, "Report on Culture and Education," Current Background, No. 160, Hong Kong, American Consulate General, Feb. 20, 1952, pp. 15-18.

744 detail.[10] "According to statistics... 175,223 female workers in factories employing 100 hands or more have enjoyed labor protection. In the last few years [each of] 125,531 workers had 46 days of maternity leave. Workshop hygiene rooms for female workers have been set up in 36 state owned textile mills. Many women at various posts obtained free medical attention and maternity leave with pay. Furthermore, according to statistics for the first half of 1954, there were throughout the city, six hospitals for women and infants, 31 health centers, and 21 health stations for women and children, and 66 joint women-children health stations.... Nursery enterprises have been greatly developed owing to the attention and concern of the Party and the government. In the whole city, there are now altogether 209 nurseries in factories, 120 nurseries and breast-feeding rooms, 119 workshop and Li lung [street] nursery stations, 355 permanent nurseries for the farming season in suburban areas, and 21 private nurseries...."

On the subject of this report from Shanghai, it may not be irrelevant to remark that in Communist China, as in the Soviet Union, women are expected to perform a great many kinds of manual labor, and only healthy women can be good laborers.

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10. Survey of China Mainland Press, Hong Kong, American Consulate General, No. 1002, p. 1-6, March 8, 1955.

IV. SCHISTOSOMIASIS AND KALA-AZAR

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164 Schistosomiasis is a fecal-borne disease caused by a parasitic flatworm, schistosoma japonicum, more commonly called the Asiatic blood fluke. Schistosoma japonicum is a microscopic organism which infests two hosts during its life-cycle. Emerging in feces from a human or other mammal host, the eggs hatch rapidly in fresh water, producing an embryo which seeks its secondary host, a type of fresh-water snail. The parasite rapidly penetrates the softer parts of the snail and encysts within its shell. When the cyst-wall ruptures, the cercaria emerges. It can exist for about two days, but will perish afterward if it has not found a host. The life cycle of schistosoma japonicum continues outside the host's body; but the blood fluke stays within the intestines, causing a debilitating disease known as schistosomiasis. The primary symptom is an irritation at the point where the cercaria bores into the skin; but this is a minor rash and unlikely to cause serious concern. The incubation period, about one month, is attended by further minor discomforts; rash, headaches, low fever, nausea, vague internal pains, and diarrhea. When the intestinal worms mature, the symptoms are intensified: itching, fever, fatigue abdominal discomfort, and enlargement of the liver. Dysentery is heavy and exhausting. During the acute stage, exercise aggravates the symptoms of the disease. Once this period of three or four months is over, schistosomiasis, like

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164 syphilis, appears to vanish, although it actually enters upon a chronic stage which resists treatment. The symptoms do no reappear for months or years, but they are serious when they do: loss of weight, great enlargement of the spleen, anemia, swelling of the ankles, cirrhosis of the liver, dysentery, and dropsy. The disease is often fatal, though sometimes under another guise, as when the lesions cause intestinal cancer or when pneumonia attacks the weakened victim.[11]

Nine provinces in East and Central-South China are subject to this disease because of the climate favorable to its conditions, and its close association with rice-culture.[12] But it is most serious in East China, particularly along the middle and lower parts of the Yangtze River and along the Ch'ien-t'ang River in Chekiang.[13] Although human beings are the chief victims of this disease, domestic animals sometimes are affected. One report made in 1951 states that in 100 counties (which amounts to one-fourth of the total number of counties in East China) of the four provinces of Kiangsu, Chekiang, Fukien, and Anhwei, there were 10,000,000 people

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11. Frank A. Kierman Jr., The Fluke that Saved Formosa, Cambridge, (M.I.T.), 1954, pp. 6-7.

12. J. C. Scott, Health and Agriculture in China, London, 1952, p. 41.

13. Chi h-fang Jih-pao [Liberation Daily], Shanghai, April, 7, 1950, p. 5.

744 suffering from schistosomiasis. In one village
164 in southern Kiangsu, 97 per cent of the total population were victims of schisotosomiasis.[14] The disease spreads very rapidly among the farming population, causing a high death rate and hampering agricultural production. The report also reveals that in 1949, among 41,589 members of the "Liberation Army" stationed in the suburbs of Shanghai, 13,284 men contracted this disease.[15] For this reason, schistosomiasis has a high priority in medical prevention work in the health program of East China. In 1952, students and faculty members of the medical schools in Shanghai and Hangchow were mobilized during their summer vacation to treat sufferers in rural areas.[16] According to a regional progress report covering a period of two years prior to November 1951, there were more than 10,000,000 people suffering from schistosomiasis in East China, of which only 14,000 were cured.[17] In a recent issue of the medical journal of the China Medical Society, a Communist organization, it is reported that 17 specialized preventive agencies, 61 health stations, and 132 medical units, with a working force amounting to 3,000 have been established to combat schistosomiasis in East

14. Ibid., January 6, 1952, p. 3.
15. Ibid., March 6, 1952, p. 3.
16. Ibid., March 6, 1952, p. 3.
17. Current Background, Ibid.

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744 164 China. According to the same source, 55,355 people were cured in 1953, and much research on the menacing disease is said to be in progress on the China Mainland.[18]

While the four southern provinces of East China suffer from schistosomiasis, Shantung in the north is exposed to a different communicable disease, kala-azar, more commonly called black fever. Kala-azar is a severe, commonly fatal infectious disease caused by a parasitic protozoan and characterized by fever, progressive emaciation enlargement of the spleen, and anemia. While schistosomiasis spreads along the Yangtze River, kala-azar is found along the Yellow River and along the route of the Lung-Hai Railway. In a 1950 report on Shantung Province, 700,000 cases of kala-azar were recorded.[19] In October 1951, Li Teh-ch'üan, Minister of Health of the Peking regime and widow of General Feng Yü-hsiang, made a report on epidemic prevention work. Eight medical centers specializing in the prevention and cure of kala-azar had been established, she said, and measures to exterminate the carriers of the disease (particularly

18. "Chung-kuo Tsai Fang-chih Hsüeh-hsi-ch'ung-ping Wan-t'i Shang So K'ai-chan Ti I-hsieh Yen-chiu Kung-tso" ["Some Research Work on Prevention of Schistosomiasis in China"], Chung-hua I-hsüeh Tsa-chih [Chinese Medical Journal], Peking, July 1955, pp. 610-14.

19. Compendium of Government Reports, p. 632.

744 a mosquito known as pai-ling) had been adopted.[20]
164 A progress report given in November 1951 revealed that in 1950-51, 300,000 people were suffering from kala-azar in Shantung, of which 60,000 were cured.[21] Recent Communist reports indicate that many experimental research projects for the control of kala-azar had been established. In East China, the same source reveals, 220,000 sufferers were cured in the period 1950-54, 3,259 rural doctors were mobilized to receive special training, and 1,058 prevention units were organized.[22]

V. THE PATRIOTIC HEALTH DRIVE

744 In order to integrate health work with the mass propaganda drive against the so-called bacteriological warfare of the United States, the Chinese Communists launched the Patriotic Health Drive in 1952. It was animated by the fighting in Korea and became a part of the Resist-America-Aid-Korea Movement. It proved so economical to the government and so successful that it was established as an annual health drive. The purpose of the movement is, in short, to solicit and obtain free labor in the

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20. Liberation Daily, Shanghai, January 6, 1952, p. 3.

21. Current Background, Ibid.

22. "Hsin Chung-kuo Hei-je-ping Fang-chih Chi Yen-chiu Kung-tso Ti Chu-yao Ch'eng chiu" [Some Principal Achievements in the Research and Work on the Prevention of Kala-azar in New China"], Chung-hua I-hsüeh Tsa-chih [Chinese Medical Journal], Peking, July 1955, pp. 606-09.

744 name of patriotism for the cleaning up of cities and rural areas and for the general improvement of environmental hygiene.

In East China, as in all the other regions, the Patriotic Health Drive was launched with much zeal and fanfare. Not only were medical workers mobilized, but also teachers and students, as were members of organizations and factory employees. The main tasks which the people were called upon to perform can be classified into three general categories: (1) the extermination of harmful carriers of diseases, such as rats, mosquitoes, flies, fleas, lice, and bed bugs; (2) the improvement of environmental hygiene -- the dredging of stagnant ponds, the disinfecting of drinking water, and the improvement of sewage systems and public comfort stations; and (3) the betterment of sanitary conditions in public places, such as barber shops, restaurants, and the stands of food vendors.

The Communists report that by the middle of 1952, in a period of about three months, some 9,295,000 people in Shantung took part in clean-up projects, and in four municipalities and one special district in that province 241,600 tons of refuse were removed.[23] In Yang-chou, it was said that refuse left since the T'ai-p'ing

23. Liberation Daily, June 20, 1952, p. 3.

regime (1851-65) was finally removed.[24] A house to house inspection of cleanliness in Wenchou, Chekiang, showed that 92 per cent of the households inspected were classified as clean or partially clean and that only 8 per cent were found to be unclean.[25] In Ningpo, Chekiang, the result of a similar inspection of 35,000 households gave 66 per cent as clean, 26 per cent as partially clean, and only 8 per cent as unclean.[26] Nanking and Tsingtao were both judged to be model cities by Communist standards.[27] It was reported that Nanking had almost completely rid itself of bedbugs. One village in the Nanking suburbs was awarded the title of "First Class Model Unit." This village was instrumental in initiating a patriotic winter health drive early in 1953 and led in the movement to destroy fly and mosquito larvae.[28]

Shanghai, where Communist authorities imitated public health measures practiced in the International Settlement, had more regulations for health control. Restuarants, vendors of cold foods and drink, and drug stores were required to have business permits. In the promotion of the new Marriage Law, the Shanghai Municipal Government also began to require pre-marital

24. Ibid., Feb. 4, 1953, p. 3.
25. Ibid., June 20, 1952, p. 1.
26. Loc. cit.
27. Ibid., Feb. 4, 1953, p. 3.
28. Jen-min Jih-pao [People's Daily], Peking, Feb. 5, 1953, p. 3.

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744 medical examinations along with marriage registration.[29] On August 25, 1952, the Municipal Government of Shanghai published a set of regulations governing the raising of pigs in Shanghai. The regulations stipulated that within the city limits of Shanghai, the keeping of pigs were absolutely prohibited; in the suburbs, it was allowed only under particular circumstances; even in the rural areas it was possible only if certain conditions were met.[30]

Early in 1953, when the Communist government called for the revival of the Patriotic Health Drive, the head of the Bureau of Public Health of the East China Administrative Committee summarized the outcome of the movement of the previous year. Clean-up campaigns in the rural areas were more effective than health drives in the cities, he said, and workers in the suburban areas did better than those who attempted to clean up the central districts; the ordinary inhabitants did better than members of organizations, schools, and factories, and some cities did a better job than others. From January to September 1952, according to enthusiastic Communist sources, the number of acute contagious diseases in Shanghai was reduced by 26.8 per cent of the number reported for the same period in 1951.[31]

29. Liberation Daily, Dec. 21, 1952, p. 4.
30. Ibid., August 26, 1952, p. 4.
31. Ibid., February 4, 1953, p. 3.

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V. OBSERVATIONS

847 1. In East China, infanticide is still practiced in certain areas. It is not only a serious matter but shows the complexity of the social problems and the uneven development in different parts and communities of China. It was revealed that in the province of Anhwei, according to incomplete statistics for the first half of 1952, the number of infants abandoned and killed totalled 1,972, and that the majority of them were female infants. The Communists blamed this situation on inequality between the sexes, superstition, and the feudal system of the old society and "feudalistic ideas" about marriage.

744 657 2. A few months after the beginning of warfare in Koreas in 1950, the Communist government in Peking passed an act to assume control of all cultural, educational, relief, and religious institutions which had been subsidized by United States financial sources. The total amount of the subsidy was given as $41,900,000, and of this amount 14.7 per cent was used for medicine and health. The number of hospitals financed by the United States[32] was given as over two hundred. According to an investigation made by the Japanese East Asiatic Research

32. Compendium of Government Reports, p. 188.

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744 657 Institute (Tôa kenkyujo) on foreign investments in China during World War II, there were 73 medical and health institutions supported by United States financial sources in the five provinces of East China.[33] Coastal provinces with treaty ports such as Shanghai, Nanking, Ningpo, and Foochow, long under western influence, had a large share of the subsidy.

A number of public health organizations which the Chinese Communists count as their own were taken from American hands in 1950, as were other health organizations supported by other foreign sources at a somewhat later date. In the evaluation of recent statistical data on public health on the mainland of China, this factor should be kept in mind. The lack of information on such matters as the number of hospitals beds and the number of inpatients and outpatients precludes accurate evaluation of Communist published materials. Furthermore, nutrition is just as important to good health as preventive medicine. Insufficient food and malnutrition, which seem to be prevalent in Communist China but receive little mention in Communist publications, may nullify all their efforts in the field of health and sanitation.

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33. Tâo kenkyujo, Sho gaikoku no tai Shi toshi [Foreign Investments in China], Tokyo, 1943, pp. 530-38.

1:Stanford U. S-4, 5 1956 AF15 East China
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527 as the chief speaker, exhorted the children to
858 cultivate strong bodies, to master the Chinese language, to study science, and to love the fatherland and chairman Mao. On the evening there was a campfire gathering of some 6,000 children with a number of government and political leaders, fighting heroes, labor models, scientists, and artists as guests. On this occasion, there was a meeting of young scientists at the Sino-Soviet Friendship Association and a health exhibit in the Municipal Children's Health Center. The New China Bookstore offered a special ten per cent discount on all children's books.[32]

744 A mid-year report in 1952 on the progress of child welfare and related work in East China since 1950 claimed that 160 health centers, stations, and mobile teams for women and children had been established and over 10,000 midwives trained or re-educated. In the same period, according to the report, about 19,000,000 children were vaccinated against smallpox and 70,000 were given B.C.G. shots. Several million people were said to have visited the 46 health exhibits for women and children held in
747 East China. The report further claimed that 5,000 creches had been organized in the rural

32. Chieh-fang Jih-pao [Liberation Daily], Shanghai, June 2, 1952, p. 1.

2: Murphy G-4 (no date) 1953 AF15 East China AF15

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slums were as acutely bad in Shanghai as anywhere else in the world. 369 Living standards among the Chinese were correspondingly low. A 511 British visitor to Shanghai in 1843, one month after the founding of the foreign settlements, gave as his opinion in an account of the city that "in no other country in the world is there less real misery and want than in China."[13] This may be taken as a reflection of the state of Europe in 1843, and as a measure of what the second half of the nineteenth century, beginning with the Taiping Rebellion, did to China, but it also shows what happened in Shanghai (as it had happened in eighteenth-century England) when the industrial revolution came to a peasant society. Factory conditions and slum housing were bad, but scarcely worse than the condition of perpetual [764] refugees who had neither factory nor slum to go to. In 1935, a comparatively peaceful year in China, the Shanghai Municipal Council collected 5,590 exposed corpses from the streets of the International Settlement alone. In 1937 the figure reached 20,746.[14]

369 An effective public health program under such conditions was 744 impossible, and foreign residents lived in constant fear of epidemics. Cholera, smallpox, typhoid, dysentery and plague recurred periodically, and cases could not be restricted to the Chinese. The Council's attempts to improve the public health situation were also hampered by foreign and Chinese property owners. A code of public health laws was submitted to the Ratepayers' Association as early as 1903, but was voted down by "those with vested interests."[15] Later attempts met with similar obstruction, and nothing was ever done on the scale called for. Money dominated Shanghai, and everything gave place to it.

369 Even by 1941, however, it was still possible to walk from the center of the Bund to the unchanged agricultural countryside in three or four hours. It was less than ten miles, and the rice paddies and peasant villages could be seen clearly from any of the city's tall buildings. This was one of the sharpest and most dramatic boundaries in the world. Traditional China continued unbroken almost to the limits of the foreign settlements. It was hard to see there any sign of Shanghai's influence. The final proof of that influence came with the entry of the Communist armies into Shanghai in 1949.

3: Hinder G-5 (1933-1942) 1944 AF15 East China AF15

but until the occupation of the Settlement by Japanese forces in 1941, this document, the Settlement's constitution as it were, remained practically unchanged. Any change in Byelaws required the consent of a special meeting of ratepayers with a stipulated quorum of the Consular Body in Shanghai, of the Diplomatic Body. Changes in the Land Regulations required approval of the Chinese Government. A Chinese Government which resented the existence of areas alienated from its control refused to contribute to the perpetuation of foreign administration by agreeing to changes in Land Regulations. Thus for several decades prior to 1941 the Council had to proceed under an archaic set of constitutional powers. It possessed no specific power to deal with labour and social issues. After the occupation of the Settlement by Japanese forces and the consequent coming under Japanese direction of the whole Council administration, pseudo-changes in the Land Regulations were considered. No final information is available on this matter, but presumably the form would be gone through of submitting them to a Council which was under Japanese influence, to a compliant Consular and Diplomatic Body consisting of Axis and neutral representatives, and to the Japanese-sponsored Chinese Government in Nanking, whose consent to changes could, it is assumed, be obtained. By this procedure a semblance of legality would be sought. Whether legally obtained or not, the Nanking-staffed First Special District Court in Shanghai would apply byelaws derived from newly assumed basic powers in the Land Regulations.

The Organic Law Governing Municipalities promulgated by the Chinese Government in 1930 by comparison granted wide powers to municipalities created by that Government. In particular, Sub-section 5, Article 8 of this Law gave to municipalities the power to administer and bureaucratically to enforce provisions relating to labour.

Possibly because of the lack of enabling byelaws, but possibly also because concern with industrial and social issues came late in China itself, the Council's consideration of certain types of social problems was late also. It was natural that the first municipal emphases historically were logically on the maintenance of public order through police services; on the provision of public health services in a country where modern ideas of sanitation have lagged

3: Hinder G-5 (1933-1942) 1944 AF15 East China AF15

and where virulent disease is endemic; on the development of highways, sewerage and drainage systems; and, through franchises, on the supply of public utility services. Thirty years ago, however, it became evident that Shanghai was coming to be an important manufacturing city, and that a large industrial population would arise, brought to the city from rural areas by the hope of securing employment. The necessity, therefore, for concern with the social problems everywhere associated with a large industrial populace grew more urgent with the years.

IN THE 1920's FIRST EFFORTS were made by the Shanghai Municipal Council to regulate industrial conditions with the attempt, in 1925, to obtain passage of a byelaw which would limit the age of commencement of work for young people to 10, rising later to 12 years.[1] Until April 1941 the limitations on the Council's powers necessitated the summoning of a special meeting of ratepayers (voters) to alter or to add to any byelaw which might permit the Council to exert authority, provided it were not incompatible with the Land Regulations. Two special meetings of the ratepayers in 1925 lacked the necessary quorum of voters. The byelaw could not be passed.

Chinese residents in the Settlement subordinating social to patriotic motives opposed the proposed byelaw, for they did not desire the extension of the Council's powers into realms not specifically provided for in the Land Regulations and existing Byelaws. The year 1925 antedated the rise of the Chinese National Government which was to show a lively concern in labour matters, and at that time the Peking Government took only a perfunctory interest in the regulation of industrial conditions. On political grounds even socially minded Chinese leaders in the Settlement opposed the Council's assumption of control over labour conditions, notwithstanding that the issue was a humane one of preventing the exploitation of children. Although under the Land Regulations, attendance and voting at ratepayers' meetings were prerogatives of foreign (i.e. non-Chinese) ratepayers, this Chinese point of view was nonetheless forcefully made known in the Chinese press which has always freely criticised the Settlement administra-

[1] "Toward the Regulation of Child Labour," *Bulletin No. 1.* Joint Committee of Shanghai Women's Organisations, 1926.

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633 where most of this work was done, and the absence of suitably
466 impervious flooring which would enable the chrome salts to be removed from floors, frequently caused workers able to afford only cloth shoes and without protective covering for the legs to develop bad ulceration of the limbs. Once a skin lesion occurs, the generally insanitary conditions contribute to its aggravation. By 1935, as a result of insistence by the Industrial Division, no known plating vat of the more than fifty shops engaged in this type of plating was without suitable exhaust to withdraw fumes, thus reducing the danger of pierced septa. Efforts were made also to insist that workers should wear rubber gloves and leg coverings.[14] The polishing of metal articles with carborundum powder on cloth wheels in the plating shops constituted a further health hazard, because of the workers' inhaling and swallowing metal dust. The installation of an adequate exhaust to remove the dust at the point of origin was both expensive and physically difficult in the crowded conditions of many under-sized premises.

751 There are specific health hazards in industry such as those which
466 have been mentioned—the use of chromium salts, the handling of
633 lead in charging storage batteries, in typefounding and in printing
744 shops, in the use of cellulose spray paint and so on. But the general insanitary conditions probably constituted a greater total health hazard for the whole body of workers, and the practice of giving food as a part of earnings was often responsible for widespread dietary deficiency diseases if the food lacked essential vitamins. The nutrition problem in factories is discussed in a later chapter. The Division accordingly felt the necessity of organising services to ensure that there was regular concern with the general sanitary conditions on the part of those employed by the industrial enterprises themselves. The occasional inspection visit of a factory inspector was quite insufficient to secure regular consistent supervision in such elementary matters as the provision and proper care of sanitary accommodation, the clearing away of accumulated rubbish, the daily cleaning of premises, or the washing of windows to permit the entrance of light to working places. Some factories, particularly the larger cotton mills, had for some time employed a doctor or a nurse or both. But these were seldom personnel of first class calibre, and they saw their task narrowly as being con-

[14] See also Chapter IV, pp. 66 and 67.

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cerned with sick employees only rather than concomitantly in insisting on healthful conditions of work. These doctors and nurses were gathered into conferences by the Division and under its influence their concepts of their tasks widened. Their authority in the plants grew, backed by the interest and authority of the medical officer in the Division.

But there were many plants which could not afford the full-time services of a doctor and a nurse, and no measures of a health insurance nature made available a health service for the community. Facilities in outpatients' departments in hospitals were not sufficient in Shanghai to meet all the needs, and only in rare cases were they made use of for the dressing of wounds or for minor ills of industrial workers. Distances were too great; loss of wages in attending outpatients' clinics were deterrents to most workers. Yet many who continued to work were in need of help. Many women engaged in textile operations had large sores on the legs. Originally perhaps caused by the bite from an insect—bed bugs infest most houses—they had become infected, and the long standing at a spinning frame or at a loom aggravated the lesion and prevented healing. Where were women employed in the smaller textile plants to get attention? Where could the initial stages of beriberi be detected, and how could the management of a factory be warned to improve the diet of the workers?

The machinery which was evolved to give workers in smaller factories some clinical assistance, to arrange regular physical examination of workers and regular supervision of the sanitary conditions was the co-operative clinic. Three had been organised up to August 1942. Two were clinics with a fixed location, centrally placed in relation to some 25-30 factories employing 2500 to 3000 workers. There a doctor and nurses were in attendance and workers came for attention. The third was a mobile clinic; a nurse made the round every day of a group of related industries in a neighborhood. This clinic served six coal briquette factories, and so successfully that a seventh asked that the nurse's services be extended to that enterprise also.

The clinics were controlled and financed by the contributing member factories, with the Division's medical officer as adviser. The cost in August 1942 was CRB $1.50[15] per month per worker,

[15] See Chapter IV, note 2.

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751 with an entrance fee of CRB $3 per worker. The members of the committees which met regularly to consider matters in connection 466 with the clinics became by this very process more and more 633 informed and interested in the health of their employees. Con- 744 tributing factories, paying for service, wished to receive a return. They therefore welcomed the inspecting visits of nurses and doctors and generally complied with their suggestions.

Records of the incidence of sickness were kept by factories employing their own doctors and nurses and by the co-operative clinics. These records were regularly analysed by the Division. It was apparent that dietary deficiency diseases constituted the most frequent cause of illness among workers. Injuries to limbs were next on the list. Eye diseases including trachoma were frequent.

The co-operative clinic was also the centre from which managements could be taught the principles of proper feeding for workers, and workers could be taught some of the elementary principles of health. In a severe cholera epidemic in the summer of 1942, in addition to arranging for the inoculation against cholera of all workers in contributing factories, one clinic gave 1,500 workers associated with it instructions as to the cause of cholera.

466 To a western observer a discussion of industrial conditions 633 must surely refer to hours of work and rest days. While without legal authority it was possible to improve physical conditions of work, particularly in respect of safety and health issues, and to exercise influence upon the earnings of workers, compensation paid to them and so on, it was not possible to limit hours of work in the absence of a legal power to do so. In consequence, no progress has been made in this important phase of conditions of work. It may seem strange, too, to read that no control was exercised over the commencing age of work of young people, seeing that as long ago as 1922, twenty years since, the Council had, in response to public demands, appointed its Child Labour Commission. 464 There are fewer children at work now than there were then. They 633 are seldom met with in cotton textile mills which have of themselves found that the work of children is not good enough. But the fact must be admitted that, in the absence of legal compulsions, except in a few instances where the influence of the Division has induced the elimination of children in certain industries, as a general practice child labour still exists.

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511 633 427 basis but contrary to usual practice in cases involving infraction of a Byelaw. A judgment of three months' imprisonment was handed down in one case where the accused was charged with taking $20,000 key money. When the sale of furniture and fixtures was involved, valuation by the Court's valuers was obtained, on the basis of which a case was instituted if it was found that the sum asked in the transfer of premises was greatly in excess of the value of these items. It will take a considerable period before key money will become recognised as being illegal, and there will always be cases where payments are made secretly. There will always be those ready to pay illegally for what they cannot obtain otherwise. Nevertheless a beginning was made in destroying the value which accrues to the tenant from the mere holding of a tenancy. Related to the question of key money was the provision in the licence to sub-let that not more than one month's rent could be collected in advance. Without such a provision a lump sum payment could be passed off as rental in advance, though monthly rentals would, in fact, also be collected.

362 633 The licence to sub-let aimed also at improving actual housing conditions. It required that the kitchen in a house might not be sub-let for residential purposes. It provided that passages must be kept free and rear and front entrances available for use at any time. If conditions become such that housing shortage becomes less acute, the instrument of licence could be used further to require improvement in housing conditions. Use of lofts as living accommodation, for example, might ultimately be forbidden.

744 362 There exists another instrument which might be invoked. A proposal by the Council to prevent overcrowding was approved in the form of a Byelaw by the Ratepayers' Meeting in April 1941. For years its necessity had been admitted, but difficulties in obtaining a quorum of ratepayers had prevented this and other needed reform measures from securing formal approval. It was understood that the Commissioner of Public Health would apply the Byelaw with discretion, at first only in the most flagrant cases, because of the housing shortage.[6] Nevertheless its existence provided an instru-

[6] *Byelaw against overcrowding*: "Every building or any part thereof found to be inhabited in excess of a proportion of one person for every thirty square feet of habitable floor space, or superficial area, and four hundred cubic feet of clean and unobstructed internal air space shall be deemed to be overcrowding, and the householder shall be liable to penalty or fine not exceeding twenty-five dollars."

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ment in urgent cases, and it brought the Settlement into line with municipal administrations elsewhere in that provision existed under which action could be taken.

It is obvious that an overcrowding such as has been described cannot mean adequate life for those who must submit to it. Tuberculosis incidence rose sharply in Shanghai in the years following 1937 when congestion was so great. Many virulent diseases such as smallpox, cholera, and in recent years typhus, are endemic and their spread, despite the prophylactic efforts of public health authorities in encouraging vaccination and inoculation, was obviously assisted by crowded conditions. Moreover, the chapter on food and nutrition will show a corollary of housing congestion, when even the kitchen in houses which are inhabited by many families is often sub-let, is that there are no proper facilities for cooking. Food therefore cooked in small foodshops or by itinerant vendors forms the basis of the meals of many families. Proper nutrition is impossible under such circumstances. Again, most alleyway houses have been built without sanitary accommodation. Every family must then have its wooden bucket in the room which is its only living room. Public toilets are insufficient for the people's needs and there is consequently frequent befouling of the alleyways. The wonder is that under such housing there exists in Shanghai a self-respecting fine population, maintaining a personal cleanliness almost incredible to believe in the ruling circumstances. For them surely a better housing opportunity must be presented after hostilities have ended.

THE SHANGHAI OF THE future will not be the divided authority it has been in the past. The two former foreign-administered areas will presumably come under the general authority of the Chinese City Government following the retrocession of the Settlement to Chinese administration by Great Britain and the United States. The development of proper transportation systems connecting the Settlement and Concession with the surrounding areas previously under the City Government must be an early consideration. They will open up areas for residence unavailable till the present because of their inaccessibility by cheap means of transport. The Shanghai of the future will, too, it is hoped, be planned on modern lines, where adequate authority will permit proper controls over

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THE PUBLIC HEALTH DEPARTMENT of the Shanghai Municipal Council exercised constant and vigorous supervision over the food supplies of the Settlement. Both incoming livestock and meat supplies were carefully inspected, the erection of a modern abattoir by the Council in the last decade having materially contributed to a sound meat supply. Dairies increased in number, and, through the efforts of the authorities, improved in quality. The sale of milk was under strict control. Positive measures were taken to induce dairies to use modern procedures. Market produce was inspected daily, both on its way into the city from outlying farms and after it had been placed on sale; food vendors on the streets and all food shops and stalls were subjected to licence and supervised. Bakeries also came in for close attention. In short, all that could be done to reduce food contamination, and hence to limit the incidence of germ-borne disease, was done by the authorities.

IN THE LAST DECADE interest has been growing in China in the study of nutrition. Much useful scientific knowledge has been accumulated, particularly through the work of scientific investigators associated with the Henry Lester Institute of Medical Research, the Peking Union Medical College, and Yenching University. The existence in Shanghai of large camps of destitute refugees after the outbreak of hostilities in 1937 gave scientists a sad but useful opportunity to study the results of various minimal diets. Little of the available knowledge had received popular attention in the city.

Reference has been made to the fact that workers in many industrial undertakings, and indeed in many commercial enterprises, were housed and provided with food where they worked.[3] In larger plants food might be bought, cooked and served by the factory. In smaller ones the supply of food to workers was undertaken by a *pao fan-ti*, who delivered to factories food cooked elsewhere. Remuneration has been, then, for many workers partly in food. Under these circumstances it is important that a knowledge of nutrition, and of the effect of malnutrition on the health of employees, should be general. There has been a general acceptance of the obvious fact that if workers are not properly fed—and improper feeding is commonly associated only with insufficient food

[3] See Chapter IV.

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before the even worse situation following Pacific hostilities, signs of deficiency disease were apparent even among workers fortunate enough to have full-time employment in factories.

There is much work for the Shanghai authorities of the future to do in the matter of food. The Public Health Department's long history of supervision of the city's food supply, its war against flies and fly-borne diseases, has represented one phase of the food issue. The Supply Committee's efforts to obtain actual supplies represents a second. Instruction, particularly of employers, in the nutrition aspects of food supplied to workers is a third necessity. The food intake of workers in certain factories where workers are both housed and fed has been analysed in the past and found to be woefully lacking. The attention of certain managements was called to this situation, and some improvement resulted.

The managements of 16 factories where doctors or nurses are employed were induced to keep records of food supplied with a view to seeing how near it came to nutrition standards. In 37 other plants also records were kept. Through these means there should in future be a decrease in dietary-deficiency diseases. Though the provision of food as part of earnings is to be deprecated, it is possible by this means to control for his good the worker's food much more easily than if individual housewives have to be taught what to do. On the other hand, unless the group feeding is right feeding, a whole working force can develop deficiency diseases. In the sense that workers had no option in many cases but to accept the food which the employers provide, it can be said that where deficiency disease resulted therefrom their wage was in fact disease.

THE NECESSITY FOR the education of management, workers, and the public generally in the foods which should be eaten to ensure health and prevent frank deficiency diseases was recognised by the Division. A film was in the making when Pacific hostilities caused suspension of the effort. Two western industrial enterprises and one Chinese had agreed to provide the $10,000 necessary for the film production. A food exhibit had been planned in co-operation with the Chinese Medical Association to take place in the industrial district. It was designed to demonstrate through graphic means the results of wrong feeding. The public would well be able to recognise in pictures the gross deficiency diseases which they

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could see around them every day—the swollen legs of beriberi, the serious eye affections sometimes producing blindness; what they had to be told by poster methods was that these were the results of vitamin deficiencies, and what should be eaten to avoid them.

This attempt at visual education, cut off by the war, may well be pursued in future. It would be one of the activities of a Nutrition Division of the Department of Public Health. It is certain that if the United Nations plans in the food realm mature, every country including China will have administrative nutrition programmes to safeguard the nation's health. These programmes will be planned nationally and will come into a distinctly active phase at the city level. A Nutrition Division in the future will surely refuse to permit deficiency diseases to hold sway, will insist that whatever methods of control are necessary will be taken to ensure that rice fresh enough to prevent beri-beri is available to people in the city. The opportunities, given peace and restoration of Chinese sovereignty in Occupied China, are endless.